

Qty Purchase Agreement QPA Number	Page
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Requisition Nbr.: ASA8-8-18 HIV Kits	
Effective Date: 12/01/2007	
Expiration Date: 11/30/2008	
Agency Number:	
Facility: ASA8-8-18 (2008 FY)	
Vendor Federal ID: 202844978	
Vendor Telephone Nbr: 301-217-0620	
Name Of Contact Pers: SOPHIE MAA	
FAX Number: 301-217-9080	

Vendor MAXIM BIOMEDICAL, INC
Remit to: 1500 EAST GUDE DRIVE "A"
ROCKVILLE MD 20850

Name and Address of Vendor: MAXIM BIOMEDICAL, INC
Cntct: SOPHIE MAA
1500 EAST GUDE DRIVE "A"
ROCKVILLE MD 20850

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement.

Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number	Quantity	UNIT	Article and Description	Unit Price
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This is an award of a Quantity Purchase Agreement for HIV Test Kits.

QPA can be mutually renewed yearly for three additional years.

The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

Quantities are estimates and could be more or less.

The awarded vendor must maintain, at a minimum, the following information and be capable of supplying a report within one week of a request by the State:

1. Quantity and Type of HIV Test Kits, including any variables, purchased by any State Agency and/or Political Subdivision, separated by each.
2. Total Dollar value of purchases made, separated by State Agency and/or Political Subdivision.

If the M/WBE participation level will exceed or fail to meet the goals outlined in the contractor's proposal, you must notify the M/WBE office immediately at MWDDBE@idoa.in.gov. In the event that the contractor fails to report changes in participation attainment, demonstrate a good faith effort to reach the participation goals, pay the MBE and WBE in a timely manner or satisfactorily resolve any outstanding claims, the department may elect to withhold a disputed amount from the payments due to the contractor, suspend or terminate the contract, recommend suspension of the contractor's certification status with the public works division, and/or suspend, revoke, or deny the MBE or WBE certification and eligibility to participate in the MBE or WBE program per (25 IAC 5-7-8).

1	9999,999,999.00	000000000100039173 Kit,HIV-1,Westernblot,Includes Nitrocellulose Strips Bound w/HIV-1 Viral Antigen, Control Sera, and all Reagents, Equipment and Supplies! Must Have FDA Approval	705.0000
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The following UN/CEFACT Unit of Measure Common Codes are used in this document:

Signature of Purchasing Officer <i>L. H. Harrington, CPPB</i>	Typed Name <i>Katherine L. Harrington</i>	Signature Of Approval Office Of the State Attorney General <i>Nelson M. Gardner For</i>
	Date Signed <i>11-16-07</i>	Typed Name <i>STEVE CARTER</i>
Authorized Signature <i>Katherine L. Harrington, CPPB</i>	Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3053	Date Signed <i>12-4-07</i>